



Antioch Community Consolidated School District 34

Please complete the form and select the SUBMIT button above to send to Human Resources

EMPLOYEE PERSONAL INFORMATION CHANGE REQUEST

District employees should submit this form when your personal information has changed. Updates based on this information will be forwarded to Payroll, PowerSchool, Aesop, and Insurance (medical and dental) if applicable. All other changes to benefits offered through the school district subject to this change are the responsibility of the employee (i.e. TRS, IMRF, AFLAC and 403b Annuities).

Type of change: [] Address/Contact Change [] Emergency Contact Information [] Name Change

Employee Name: []

For change of address:

Previous Information:

Street Address: [] City: [] State: [] Zip: []

New Information:

Street Address: [] City: [] State: [] Zip: []

Home Phone: [] Cell Phone: []

Change Effective: []

For name changes: (please notify Payroll at (847)838-8413 once Social Security has been informed of the name change)

Previous Name: []

New Name: []

Social Security Changed? Yes NO

For emergency contact information:

Contact Name:

First Name: [] Last Name: []

Phone: [] Relationship: []

DISTRICT OFFICE USE ONLY

Payroll ___ Insurance ___ Medical ___ Dental ___ Aesop ___ PowerSchool ___ Billing ___ I-9 ___

NOTES: []